

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) ATTENTION: MARY ANN ROUSE  
1000 BLYTHE BOULEVARD  
 Check if different than previously reported. (ACC)  
CHARLOTTE NC 28203-2861

2. **FEC IDENTIFICATION NUMBER** C00423871  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer Electronically Filed by Mary Ann Rouse Date 07 08 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		162965.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	152121.70									
(c) Total Receipts (from Line 19) .....	14900.58	35564.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	167022.28	198529.23								
7. Total Disbursements (from Line 31) .....	7500.00	39006.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	159522.28	159522.28								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	12496.88	25071.99
(ii) Unitemized .....	2349.55	7906.73
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14846.43	32978.72
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14846.43	32978.72
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	6.95
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	54.15	78.38
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14900.58	35564.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14900.58	35564.05

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	6.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	6.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	39000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7500.00	39006.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	39006.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14846.43	32978.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14846.43	32978.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	6.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	6.95
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Pamela M Beckwith		Date of Receipt
	Mailing Address 1709 Rosebank Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7254</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 666.68	<input type="text"/> 166.67
			Payroll Deduction \$166.67 monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Pamela M Beckwith		Date of Receipt
	Mailing Address 1709 Rosebank Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7321</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 833.35	<input type="text"/> 166.67
			Payroll Deduction \$166.67 monthly

<b>C.</b>	Full Name (Last, First, Middle Initial) Pamela M Beckwith		Date of Receipt
	Mailing Address 1709 Rosebank Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7388</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1000.02	<input type="text"/> 166.67
			Payroll Deduction \$166.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>500.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr		Date of Receipt
	Mailing Address 203 Eslynn Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mount Holly	NC	28120
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7326</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 208.35	Payroll Deduction \$41.67 monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr		Date of Receipt
	Mailing Address 203 Eslynn Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mount Holly	NC	28120
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7393</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 250.02	Payroll Deduction \$41.67 monthly

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7372</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	Payroll Deduction \$50 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 133.34
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jack F Chamblee

Mailing Address PO Box 550934

City State Zip Code  
**Gastonia NC 28055-0934**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 01 2010**

**Transaction ID: SA11AI.7439**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction \$50 monthly

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City State Zip Code  
**Charlotte NC 28211**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.35**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 30 2010**

**Transaction ID: SA11AI.7331**

Amount of Each Receipt this Period  
**41.67**

Payroll Deduction \$41.67 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City State Zip Code  
**Charlotte NC 28211**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 01 2010**

**Transaction ID: SA11AI.7398**

Amount of Each Receipt this Period  
**41.67**

Payroll Deduction \$41.67 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **133.34**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 6836 Alexander Road	<b>Transaction ID: SA11AI.7289</b>
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 6836 Alexander Road	<b>Transaction ID: SA11AI.7356</b>
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 6836 Alexander Road	<b>Transaction ID: SA11AI.7423</b>
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 32  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code  
 Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1666.68

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 1 0

**Transaction ID: SA11AI.7249**

Amount of Each Receipt this Period  
 416.67

Payroll Deduction \$416.67 monthly

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code  
 Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2083.35

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0

**Transaction ID: SA11AI.7316**

Amount of Each Receipt this Period  
 416.67

Payroll Deduction \$416.67 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code  
 Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.02

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 1 0

**Transaction ID: SA11AI.7383**

Amount of Each Receipt this Period  
 416.67

Payroll Deduction \$416.67 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.01**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 4625 Cotton Creek Drive	<b>Transaction ID: SA11AI.7277</b>
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$416.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.68	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 4625 Cotton Creek Drive	<b>Transaction ID: SA11AI.7344</b>
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$416.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2083.35	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 4625 Cotton Creek Drive	<b>Transaction ID: SA11AI.7411</b>
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$416.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Russell Guerin	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 3324 Meadow Bluff Drive	<b>Transaction ID:</b> SA11AI.7270
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.68	

<b>B.</b>	Full Name (Last, First, Middle Initial) Russell Guerin	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 3324 Meadow Bluff Drive	<b>Transaction ID:</b> SA11AI.7337
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.35	

<b>C.</b>	Full Name (Last, First, Middle Initial) Russell Guerin	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 3324 Meadow Bluff Drive	<b>Transaction ID:</b> SA11AI.7404
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 8044 Silver Jade Drive	<b>Transaction ID:</b> SA11AI.7362
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$50 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 8044 Silver Jade Drive	<b>Transaction ID:</b> SA11AI.7429
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$50 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Henry C Hawthorne	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 1310 James B White Hwy N	<b>Transaction ID:</b> SA11AI.7248
	City State Zip Code Whiteville NC 28472	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$75 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>175.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Henry C Hawthorne	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1310 James B White Hwy N	<b>Transaction ID:</b> SA11AI.7315
	City State Zip Code Whiteville NC 28472	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$75 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Henry C Hawthorne	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 1310 James B White Hwy N	<b>Transaction ID:</b> SA11AI.7382
	City State Zip Code Whiteville NC 28472	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$75 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Laurence C Hinsdale	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 7117 Stirewalt Road	<b>Transaction ID:</b> SA11AI.7291
	City State Zip Code Concord NC 28027	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation Carolinas HealthCare System ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>316.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Laurence C Hinsdale	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 7117 Stirewalt Road	<b>Transaction ID:</b> SA11AI.7358
	City State Zip Code Concord NC 28027	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.35	

<b>B.</b>	Full Name (Last, First, Middle Initial) Laurence C Hinsdale	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 7117 Stirewalt Road	<b>Transaction ID:</b> SA11AI.7425
	City State Zip Code Concord NC 28027	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02	

<b>C.</b>	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 1525 Kenilworth Ave #106	<b>Transaction ID:</b> SA11AI.7252
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>416.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1525 Kenilworth Ave #106	<b>Transaction ID:</b> SA11AI.7319
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>B.</b>	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 1525 Kenilworth Ave #106	<b>Transaction ID:</b> SA11AI.7386
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 5234 Lancelot Drive	<b>Transaction ID:</b> SA11AI.7280
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 5234 Lancelot Drive	<b>Transaction ID:</b> SA11AI.7347
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 5234 Lancelot Drive	<b>Transaction ID:</b> SA11AI.7414
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 9306 Copans Glen Lane	<b>Transaction ID:</b> SA11AI.7298
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 9306 Copans Glen Lane	<b>Transaction ID:</b> SA11AI.7365
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 9306 Copans Glen Lane	<b>Transaction ID:</b> SA11AI.7432
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>C.</b>	Full Name (Last, First, Middle Initial) FRIEDA M LOWDER	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 14444 WESTGREEN DR	<b>Transaction ID:</b> SA11AI.7318
	City State Zip Code HUNTERSVILLE NC 28078	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CAROLINAS HEALTHCARE SYST-EM SVP	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>208.35</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIEDAM LOWDER	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 14444 WESTGREEN DR	<b>Transaction ID:</b> SA11AI.7385
	City State Zip Code HUNTERSVILLE NC 28078	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CAROLINAS HEALTHCARE SYST-EM SVP Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael J Lutes	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 4025 Camrose Crossing	<b>Transaction ID:</b> SA11AI.7341
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael J Lutes	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 4025 Camrose Crossing	<b>Transaction ID:</b> SA11AI.7408
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) John Marx		Date of Receipt
	Mailing Address 3535 Knapdale Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7339
Name of Employer Carolinas HealthCare System		Occupation PHYS	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 208.35	Payroll Deduction \$41.67 monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) John Marx		Date of Receipt
	Mailing Address 3535 Knapdale Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7406
Name of Employer Carolinas HealthCare System		Occupation PHYS	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 250.02	Payroll Deduction \$41.67 monthly

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt		Date of Receipt
	Mailing Address 826 Berkeley Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Charlotte	NC	28203
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7297
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 166.67
		<input type="text"/> 666.68	Payroll Deduction \$166.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 250.01
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 826 Berkeley Avenue	<b>Transaction ID:</b> SA11AI.7364
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.35	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 826 Berkeley Avenue	<b>Transaction ID:</b> SA11AI.7431
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.02	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 5900 Summerston Place	<b>Transaction ID:</b> SA11AI.7285
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$125 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>458.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 5900 Summerston Place	<b>Transaction ID:</b> SA11AI.7352
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$125 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 5900 Summerston Place	<b>Transaction ID:</b> SA11AI.7419
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$125 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 2028 Hopedale Avenue	<b>Transaction ID:</b> SA11AI.7258
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$400 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 2028 Hopedale Avenue	<b>Transaction ID:</b> SA11AI.7325
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$400 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 2028 Hopedale Avenue	<b>Transaction ID:</b> SA11AI.7392
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$400 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Debra Plousha Moore	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 6935 Conservatory Lane	<b>Transaction ID:</b> SA11AI.7290
	City State Zip Code Charlotte NC 28210	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$250 monthly
	Name of Employer Occupation Carolinas HealthCare System ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System  
Occupation: ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID: SA11AI.7357**  
Amount of Each Receipt this Period: 250.00  
Payroll Deduction \$250 monthly

**B.**

Full Name (Last, First, Middle Initial)  
Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System  
Occupation: ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 01 / 2010  
**Transaction ID: SA11AI.7424**  
Amount of Each Receipt this Period: 250.00  
Payroll Deduction \$250 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer: CarolinasHealthCareSystem  
Occupation: ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt: 04 / 01 / 2010  
**Transaction ID: SA11AI.7244**  
Amount of Each Receipt this Period: 333.34  
Payroll Deduction \$333.34 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **833.34**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Roger A Ray	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 11029 Lederer Ave	<b>Transaction ID:</b> SA11AI.7311
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 333.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$333.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Roger A Ray	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 11029 Lederer Ave	<b>Transaction ID:</b> SA11AI.7378
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 333.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$333.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.04	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lawrence W Raymond	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 5740 Ballinard Lane	<b>Transaction ID:</b> SA11AI.7283
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$60 monthly
	Name of Employer Occupation Carolinas HealthCare System PHYS	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>726.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Lawrence W Raymond	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 5740 Ballinard Lane	<b>Transaction ID:</b> SA11AI.7350
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$60 monthly
	Name of Employer: Carolinas HealthCare System Occupation: PHYS Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence W Raymond	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 5740 Ballinard Lane	<b>Transaction ID:</b> SA11AI.7417
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$60 monthly
	Name of Employer: Carolinas HealthCare System Occupation: PHYS Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Wanda Robinson	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 233 Altondale Avenue	<b>Transaction ID:</b> SA11AI.7263
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer: Carolinas HealthCare System Occupation: PHYS Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Wanda Robinson	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 233 Altondale Avenue	<b>Transaction ID:</b> SA11AI.7330
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer: Carolinas HealthCare System Occupation: PHYS Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Wanda Robinson	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 233 Altondale Avenue	<b>Transaction ID:</b> SA11AI.7397
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer: Carolinas HealthCare System Occupation: PHYS Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel W Sweat	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 133 Twin Lake Drive	<b>Transaction ID:</b> SA11AI.7250
	City State Zip Code Shelby NC 28152	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel W Sweat	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 133 Twin Lake Drive	<b>Transaction ID:</b> SA11AI.7317
	City State Zip Code Shelby NC 28152	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel W Sweat	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 133 Twin Lake Drive	<b>Transaction ID:</b> SA11AI.7384
	City State Zip Code Shelby NC 28152	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 2137 Dilworth Road East	<b>Transaction ID:</b> SA11AI.7260
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$416.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>616.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater		Date of Receipt
	Mailing Address 2137 Dilworth Road East		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Charlotte	NC	28203
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7327</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 416.67
		<input type="text"/> 2083.35	Payroll Deduction \$416.67 monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater		Date of Receipt
	Mailing Address 2137 Dilworth Road East		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Charlotte	NC	28203
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7394</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 416.67
		<input type="text"/> 2500.02	Payroll Deduction \$416.67 monthly

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones		Date of Receipt
	Mailing Address 5522 Challis View Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7281</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 166.67
		<input type="text"/> 666.68	Payroll Deduction \$166.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.01
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 5522 Challis View Lane	<b>Transaction ID:</b> SA11AI.7348
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.35	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 5522 Challis View Lane	<b>Transaction ID:</b> SA11AI.7415
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02	

<b>C.</b>	Full Name (Last, First, Middle Initial) Zachary Zapack	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 1800 Camden Road	<b>Transaction ID:</b> SA11AI.7242
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>416.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC**

**A.**

Full Name (Last, First, Middle Initial) Zachary Zapack		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
Mailing Address 1800 Camden Road		<b>Transaction ID:</b> SA11AI.7309
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$83.34 monthly
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

**B.**

Full Name (Last, First, Middle Initial) Zachary Zapack		Date of Receipt MM / DD / YYYY 06 / 01 / 2010
Mailing Address 1800 Camden Road		<b>Transaction ID:</b> SA11AI.7376
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$83.34 monthly
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>166.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>12496.88</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sue Myrick</p> <p>Mailing Address P. O. Box 37091</p> <p>City CHARLOTTE State NC Zip Code 28237</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sue Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7441</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE</p> <p>Mailing Address POST OFFICE BOX 5928</p> <p>City WINSTON-SALEM State NC Zip Code 27113</p> <p>Purpose of Disbursement RICHARD BURR 2010 VICTORY COMMITTEE</p> <p>Candidate Name RICHARD BURR COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7445</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) TEAM GRAHAM INC</p> <p>Mailing Address PO BOX 1801</p> <p>City COLUMBIA State SC Zip Code 29202</p> <p>Purpose of Disbursement</p> <p>Candidate Name TEAM GRAHAM INC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7450</p> <p>Date of Disbursement 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7500.00

**TOTAL** This Period (last page this line number only) ..... ▶

7500.00